

PRINT in BLACK ink

Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	<i>For Official Use</i>
Check paternity or marriage. If paternity, enter initials of child.	In re the <input type="checkbox"/> Marriage <input type="checkbox"/> Paternity of _____,	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	Petitioner/Joint Petitioner: _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number Vs.	
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	Respondent/Joint Petitioner: _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.		
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.	Case No. _____

Decision & Order on Motion or OTSC to:
☐ Change Legal Custody
☐ Change Physical Placement
☐ Change Child Support
☐ Change Maintenance
☐ Other: _____

STOP! Do not complete the remainder of this form unless required by the court official who is hearing this case.	DECISION AND ORDER ON MOTION or ORDER TO SHOW CAUSE:
Enter the name of the court official who held the hearing and the address and date [month, day, year] on which it was held.	HEARING A hearing was conducted in this matter as follows: 1. Before: _____ Circuit Court Judge/Circuit Court Commissioner 2. Location: _____ 3. Date: _____
Check one box from 1 and check a or b. If b, enter the name of the attorney.	APPEARANCES 1. Former Wife/Mother <input type="checkbox"/> Appeared in person <input type="checkbox"/> appeared by phone <input type="checkbox"/> did not appear AND A. <input type="checkbox"/> Was self-represented. B. <input type="checkbox"/> Was represented by Attorney _____
Check one box from 2 and check a or b. If b, enter the name of the attorney.	2. Former Husband/Father <input type="checkbox"/> Appeared in person <input type="checkbox"/> appeared by phone <input type="checkbox"/> did not appear AND A. <input type="checkbox"/> Was self-represented. B. <input type="checkbox"/> Was represented by Attorney _____
Check a, b, c, or d. If b, c, or d, enter the name of the individual who appeared.	3. Others appearing at the hearing: A. <input type="checkbox"/> None. B. <input type="checkbox"/> Child Support Agency by _____ C. <input type="checkbox"/> Guardian ad Litem (GAL) _____ D. <input type="checkbox"/> Other _____

PRINT in BLACK ink

FINDINGS and ORDER:

Based on the findings and reasons stated. **IT IS ORDERED:**

1. The Motion or Order to Show Cause is

A. ☐ **DENIED** because no substantial change in circumstance was found. The current order remains in effect.

B. ☐ **DEFERRED** to collect more information. Before making a final decision the court orders the following:

1. ☐ The parties attend mediation with _____.
 - a. ☐ no payment is required.
 - b. ☐ wife/mother to pay \$ _____ towards the mediation fee by _____.
 - c. ☐ husband/father to pay \$ _____ towards the mediation fee by _____.
2. ☐ Attorney _____ be appointed as GAL and
 - a. ☐ no payment is required.
 - b. ☐ wife/mother to pay \$ _____ towards the GAL fee by _____.
 - c. ☐ husband/father to pay \$ _____ towards the GAL fee by _____.
3. ☐ A physical placement study be conducted by _____.
 - a. ☐ no payment is required.
 - b. ☐ wife/mother to pay \$ _____ towards the study fee by _____.
 - c. ☐ husband/father to pay \$ _____ towards the study fee by _____.
4. ☐ Other _____

C. ☐ **GRANTED** as follows:

1. ☐ The legal custody or physical placement of the following children: _____ is changed as follows:
 - a. ☐ To joint legal custody with both parents.
 - b. ☐ To sole legal custody with (name of parent) _____.
 - c. ☐ From primary physical placement with (name of parent): _____ to (name of parent): _____.
 - d. ☐ To require placement be ☐ supervised ☐ unsupervised as follows: _____
 - e. ☐ According to the attached placement schedule.
 - f. ☐ Other: _____

2. ☐ Change the financial orders as follows:

- a. ☐ **Child support** to \$ _____ per _____ beginning on the first day of the month of _____. Payments shall be made by _____.
- b. ☐ **Maintenance** (spousal support) to \$ _____ per _____ beginning on the first day of the month of _____.
- c. ☐ **Arrears payment** to \$ _____ per _____ beginning on the first day of the month of _____.
- d. ☐ **Arrears balance** is set in the WI SCTF KIDS computer system at \$ _____ as of the first day of the month of _____.
- e. ☐ **Arrears interest** is set in the WI SCTF KIDS computer system at \$ _____ as of the first day of the month of _____.

Payments shall be made:

1. ☐ No payments are ordered to be made.
2. ☐ Shall be made to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200.
 - a. ☐ Directly from the payer to WI SCTF (**only allowable if self-employed**).
 - b. ☐ By income assignment from the payer's employer as indicated below:
Employer name: _____
Address of payroll office: _____
City: _____ State: _____ Zip: _____

Check A, B, or C.

Check A if the court denied the request to change the order.

Check B, if the judge ordered the parties to do certain things before he/she makes a decision.

If B, check all that apply and complete the corresponding information as necessary.

Check C, if the judge ordered changes to the current court order.

If C, check all that apply in 1-4, and complete the corresponding information as was ordered by the court.

Mark how the court ordered the payments to be made.

PRINT in BLACK ink

3. ☐ Other **financial** orders: _____

☐ See Attached

4. ☐ Other **non-financial** order(s): _____

☐ See Attached

Check A or B.

If B, enter the date of the review hearing, the judge who will preside, and the room number where the hearing will take place.

2. A future hearing

A. ☐ is NOT required

B. ☐ is set for (date) _____
before _____ in Room# _____.

3. Both parties shall notify the Clerk of Courts and the local Child Support Agency in writing, within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file moving papers to change this order.

For Court Use Only.

4. If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Courts within _____ business days of receipt of this **Order**.

**FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT
AND MAY RESULT IN A JAIL SENTENCE.**

BY THE COURT:

For Court Use Only

Signature of Circuit Judge/Court Commissioner

Print or Type Name

Date

**When you submit this order to the court, you must send copies to the other party(s).
The other party(s) has up to 5 business days to object to the accuracy of this order.**